



CITY OF ROCKVILLE  
DEPARTMENT OF PUBLIC WORKS  
111 Maryland Avenue, Rockville, MD 20850  
240-314-8500 (Phone)  
240-314-8539 (Fax)

### SEDIMENT CONTROL PERMIT APPLICATION

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Site Address \_\_\_\_\_

Project Name \_\_\_\_\_

Project Location: Should be consistent with project name on plans, specifications, letters, operation and maintenance agreements, etc.

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Contact person who can answer questions about the project:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Engineering Firm \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

FTP Permit No. \_\_\_\_\_ USE Permit No. \_\_\_\_\_

Total area of property \_\_\_\_\_ sq. ft.

Total area to be disturbed \_\_\_\_\_ sq. ft.

SMP Permit requested (Check one) ☐ Yes ☐ No

Floodplain variance required (Check one) ☐ Yes ☐ No

NOI required [> 1 acre disturbed] (Check one) ☐ Yes ☐ No

I, hereby certify that the property owner has authorized the filing of this application and performance of work as described above.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

SEDIMENT CONTROL PERMIT APPLICATION

**List Property Owners**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**NOTES:**

- Application must be signed by the person or authorized corporate representative posting the bond.
- Application must be submitted along with plans, fees, and relevant checklists which have been completed and signed (e.g., Erosion and Sediment Control Plan Review Checklist, Single Family Home and Site Development Plan Checklists).

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**For Public Works Use Only**

SCP Permit No. \_\_\_\_\_ PWK Permit No. \_\_\_\_\_ SMP Permit No. \_\_\_\_\_

Project Engineer \_\_\_\_\_ Liber \_\_\_\_\_ Folio \_\_\_\_\_

Distribution: Administration • Project Engineer • Applicant

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